

Addendum¹

U.S. Air Force Effects Massive Rescue Response

Earthquake - 6.8 Magnitude
Varto, Muş Province, Anatolia, Turkey
August 16, 1966

Robert S. Sherins, MD
Served As Former Flight Surgeon, Capt.
U.S.A.F. İncirlik Airbase, Turkey - 1964 – 1966

¹This document was created solely for genealogical, family historical and educational purposes. There are no business or commercial bases for this publication.

Foreword

Even after 53-years, the details of our experiences regarding the U.S. Air Force emergency response to the massive (6.5 magnitude) earthquake in Varto, Mus Province, Anatolia, August 16, 1966, remains imbedded in my memory. The visual images, as well as my empathy for the suffering of that remote Kurdish population endures.

As background, there are ethnic, linguistic and socio-political issues involved. Kurds represent a unique ancient Middle Eastern culture, which has not been accepted politically by its neighboring nations, Turkey, Syria, Iraq and Iran. There are 8 dialects of their Indo-European language, initially based in Iran. Kurdistan is a name used to identify the land mass that contains the several tribal regions. Militancy emerged as a political engine of resistance to their several regional conflicts, especially in Turkey.

Summarized From Wikipedia:

"Kurds are an Iranian ethnic group native to Western Asia. Geographically, this mostly mountainous area, known as **Kurdistan includes southeastern Turkey, northwestern Iran, northern Iraq, and northern Syria. There are also exclaves of Kurds in **central Anatolia and Khorasan**. Additionally, there are significant Kurdish diaspora communities in the cities of western Turkey, in particular Istanbul, while a Kurdish diaspora has developed in Western Europe, primarily in Germany. Numerically, the Kurds are estimated to number between **30 and 45 million**.**

*Kurds speak **8 dialects of the Zaza-Gorani languages**, which belong to the Western Iranian languages branch of the **Indo-European family**. Regarding religion, although the majority of Kurds belong to the **Shafi'i school of Sunni Islam**, significant numbers practice **Shia Islam and Alevism** while some are adherents of **Yarsanism, Yazidism (Christian), and Zoroastrianism**.*

*After World War One and the defeat of the Ottoman Empire, the victorious Western allies made provision for a Kurdish state in the **1920 Treaty of Sevres**. However, that promise was nullified three years later, when the **Treaty of Lausanne** set the boundaries of modern Turkey and made no such provision, leaving Kurds with minority status in their respective countries. This fact has led to numerous genocides and rebellions, along with the current ongoing armed guerrilla conflicts in Turkey, Iran, and Syria / Rojava. Although Kurds are the majority population in the autonomous region of Iraqi Kurdistan, because of their statelessness, Kurdish nationalist movements continue to pursue greater cultural rights, autonomy, and independence throughout Greater Kurdistan."*

Author: Following endless years of discrimination, Kurdish populations have resorted to open armed resistance against Turkish authorities. Kurds were

prohibited from speaking their own dialects, threatened with sanctions to cut out their tongues if discovered speaking any other language except Turkish, and viciously discriminated in many public spheres. The Turkish response to the Varto Earthquake disaster was a true test of the national government's intentions.

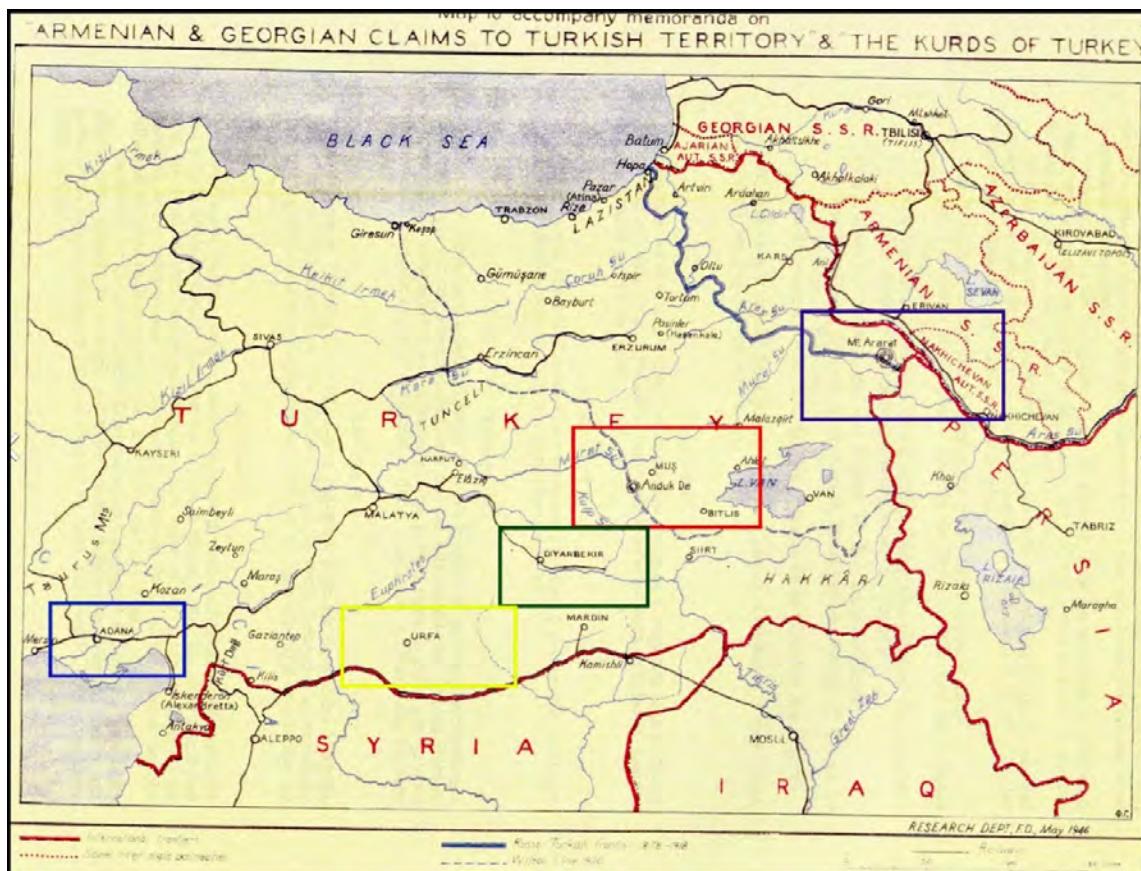
Military Emergency Alarms Were Sounded

My involvement with American emergency response team began under unique circumstances on August 18, 1966.

Imagine that all of the academic schooling, which was critically important in our professional medical training, turned out not to reflect the real-world events. Our actual experiences didn't always follow the textbook examples. Good basic training combined with intelligent analysis and flexibility in executing decisions or to change a plan were essential. Our experiences in the Varto earthquake response changed all of our perceptions, professional and personal lives. As a result, we gained an intense esprit de corps as a team and personally gained great empathy for the suffering and deaths that occurred as a result of the natural earthquake disaster.

Our doctor on-call schedule at İncirlik USAF Dispensary followed the pattern of daily office and military hours, followed by a full night on-call availability while sleeping in the hospital when possible. We had 4 physicians, so our on-call schedule was frequent, lasting throughout our entire tour of duty over 24-months. Weekends were harder because the duties started with Saturday morning hours in the Emergency Room at 8:00 a.m. to Monday a.m. and then ended back with our regular assigned office duties until Monday evening at 5:00 p.m. Fortunately, we were all young doctors. Nurses had 8 to 10-hour shifts.

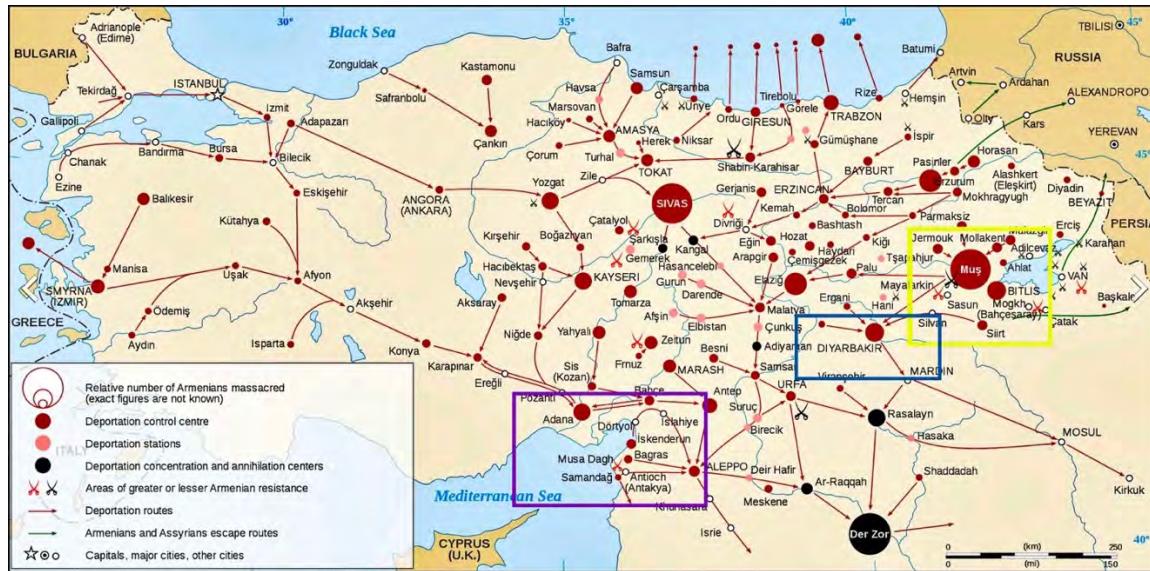
Historical maps aid our understanding of the regional issues and conflicts. Although Anatolia was previously the region of Lesser Armenia, it is currently populated by disenfranchised Kurds. The next map shows how proximate are the cities and towns of Varto, Mus, Diyarbakir, Bitlis and Adana, which O visited. Several of my Armenian friends and medical colleagues trace their family origins to these places.



The following map demonstrates how much of the territory of Anatolia was previously occupied by Greater and Lesser Armenia. As well, the eastern region of Armenia is contested by neighboring Azerbaijan; wars resulted over the rivalry about the critical region of Nagorno-Karabakh, that targeted ethnic, religious and commercial issues.



Turkish political (Sultan) and military leadership (General Staff) increasingly promoted anti-Armenian policies and sentiments. Armenians were Christians living among Turkish Muslims; there also were small communities of other Christians and Jews in Turkey. Sephardic Jews had been invited by Sultan Beyazid II after Jews were expelled from Spain and Portugal at the end of the 15th century. It is notable that Armenians were assembled in towns to be later deported or killed in a *Holocaust*. I visited many of the towns during our earthquake response, 1966.



The next map dates from the 14th century when Armenian territory extended from Georgia in the north to Adana, Turkey and the Mediterranean Sea in the south. Mesopotamia was a southern neighbor, where historically great empires had preceded (Uruk, 4,200 BCE; Akkadia, 3,500 BCE; Sumer, 3,000 BCE; Amorites, 2,000 BCE; Babylon, 1,700 BCE).



From Wikipedia:

The "mountains of Ararat" have been widely accepted in Christianity as the resting place of Noah's Ark, despite contention that Genesis 8:4 does not refer specifically to Mt. Ararat. It is the principal national symbol of Armenia and has been considered a sacred mountain by Armenians. It is featured prominently in Armenian literature and art and is an icon for Armenian irredentism. It is depicted on the coat of arms of Armenia along with Noah's Ark.



Journey to Varto

Our initial deployment to Varto was taken on a flight from İncirlik to Diyarbakir. We boarded a C-118 aircraft that was propeller-driven because of the limited airport runway space in Diyarbakir. Preparation for our sojourn included all military gear and limited personal items restricted to one small bag of luggage. Canteens were filled with clean water; we added **Globeline** tablets to sterilize any water consumed thereafter.

Few of us had cameras in 1966. Fear of losing an expensive item prevented any of us from bringing the one extra item that would have helped to document our experiences. NATO command offices later requested photographs; unfortunately, none were available.



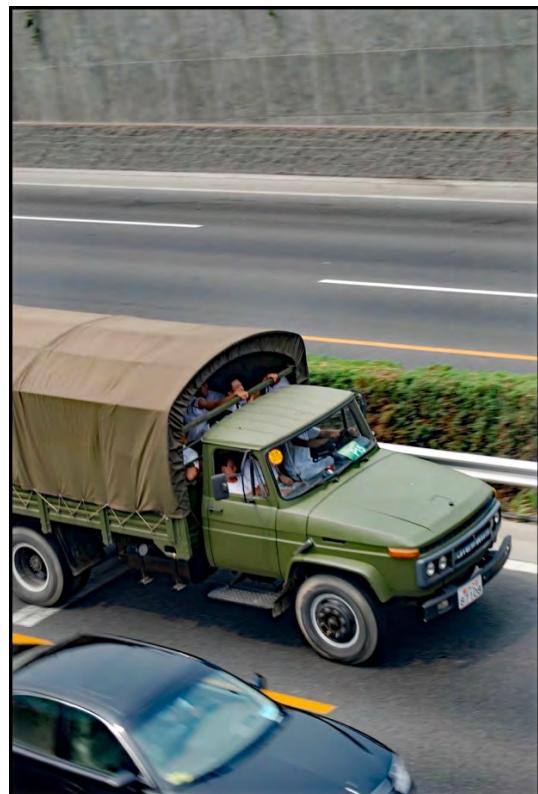
Diyarbakir is an ancient town. We arrived during daylight after our 3-hour flight. There was insufficient time and it was not a priority to explore the town. A brief trip to the airport bathroom was permitted; more water refills for the canteen with another Globeline tablet sufficed.



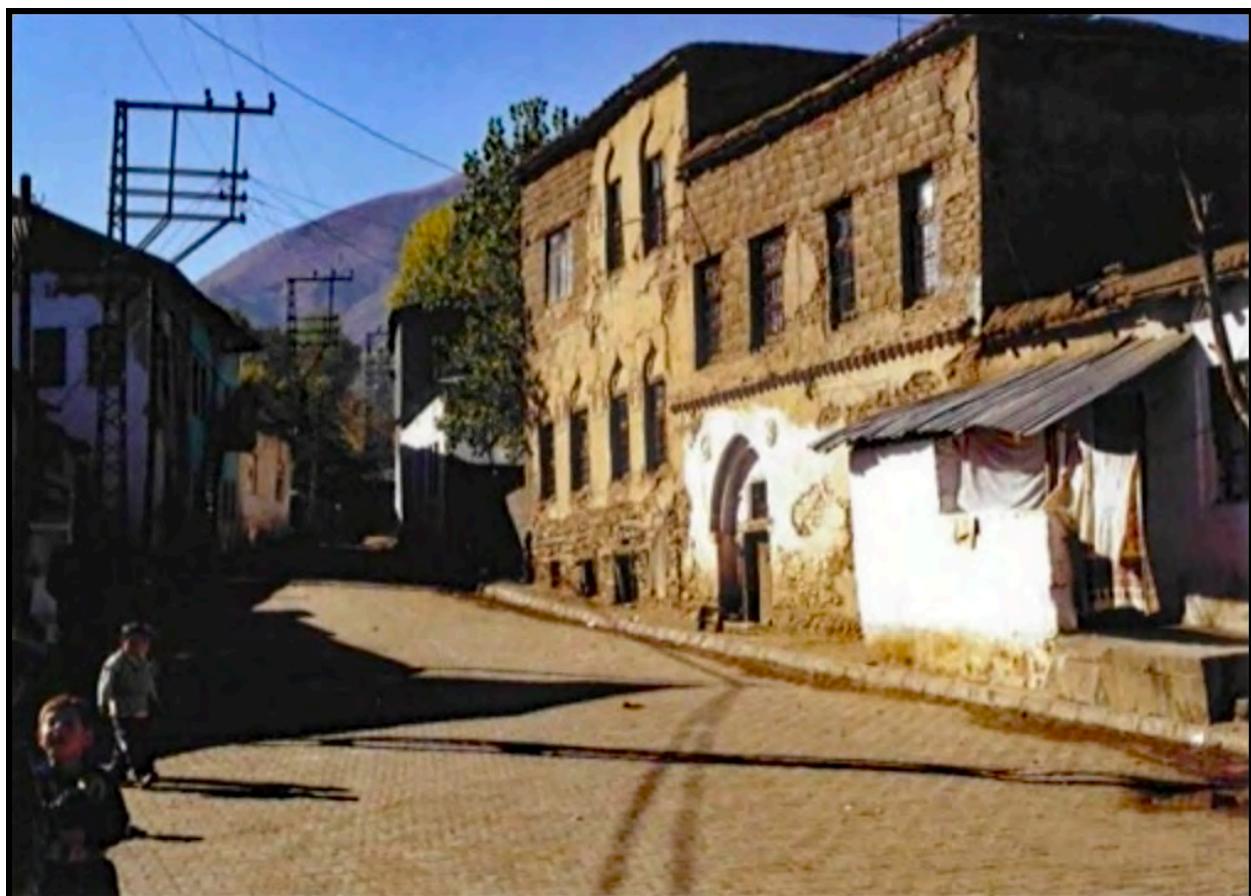
Diyarbakir, Anatolia

Convoy From Diyarbakir to Muş

For the following 14 hours, our İncirlik medical team was squeezed into military lorries. We plied the remote rough roads of Anatolia. It was quite hot when crowded together, so a few of us found relief by lying on top of the canvas truck cover where we were cooled by the night breezes. It was reasonably comfortable. Of necessity, pit-stops were by the roadside; you probably understand our primitive conditions. The trip was quite prolonged. Sleep was a luxury; most of us were deprived.



Over the next 14 hours, I keenly remember that the convoy had stopped briefly in Bitlis to provide us some needed rest, use bathrooms and to provide a safety break for the drivers. It was midnight in the ancient town of Bitlis. I was afforded hot tea at a small restaurant in the town center. A year afterwards, during my ophthalmology residency at Wadsworth Veterans Hospital in West Los Angeles, I met an Armenian librarian, who revealed that her ancestors had lived in Bitlis. The coincidence of knowing about this very remote ancient town amazed the librarian. We live in a small world after all. I vividly remember the immense comfort of that glass of sweet hot tea. Globeline-laced canteen water was not so satisfying; of necessity, but it definitely is an acquired taste.



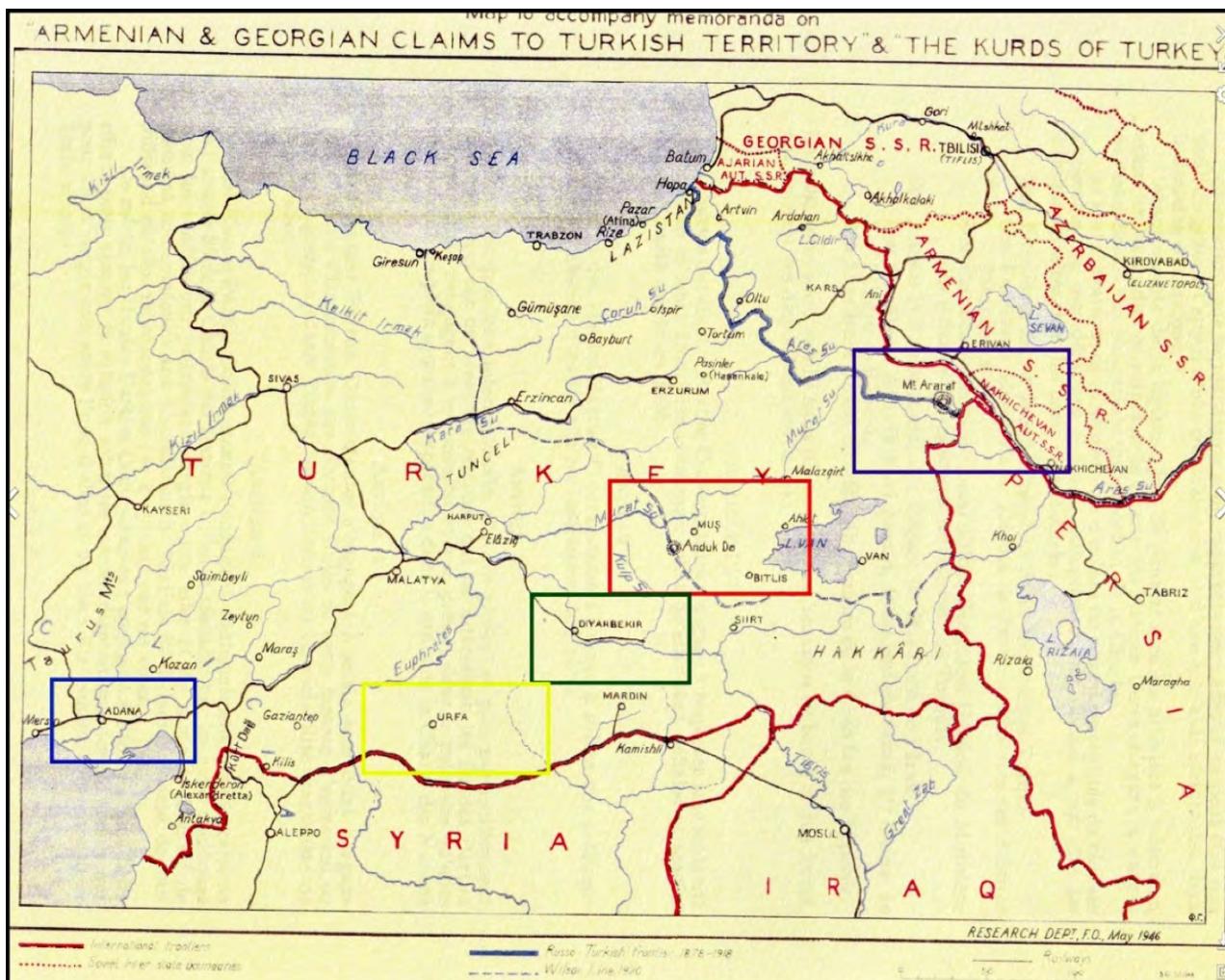
Restaurant Tea House, Bitlis, Anatolia



City of Bitlis, Anatolia

Our convoy continued to Muş during the night when sleep overtook all of us. However, in the early morning, we reached our destination. Latrines were urgently needed. We discovered a public latrine that survived the earthquake. It was located in a park-like region, with both parking area and lush trees. It was lovely. On the other hand, the latrine was a disaster. Without electrical power, nor water pressure for the plumbing, desperate locals used the walls and floors to deposit their bodily eliminations. We could not use the facilities nor tolerate the aromas. We depended upon the adjacent privacy of the semi-forest for our needs. Need I explain further?

The final leg of our trip continued by convoy to Varto, arriving in late afternoon. A local farmer, commissioned by the Turkish military, provided land for our ATH set up. The property was located on an island portion in the midst of a river that bordered his farm.



Map of Anatolia

The following map demonstrates how much of the territory of Anatolia was previously occupied by Greater and Lesser Armenia. As well, the eastern region of Armenia is contested by neighboring Azerbaijan; wars have resulted because of rivalry over the critical region of Nagorno-Karabakh, which targeted ethnic, religious, as well as, commercial justifications.



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The next map, dated from the 14th century shows Armenian territory that extended from Georgia in the north to Adana, Turkey and the Mediterranean Sea in the south. Mesopotamia was a southern neighbor, where historically great empires had preceded (Uruk, 4,200 BCE; Akkadia, 3,500 BCE; Sumer, 3,000 BCE; Amorites, 2,000 BCE; Babylon, 1,700 BCE).



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Mt. Ararat in the Distance

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Varto Island Provided For Our ATH Set-Up

Our first tasks required setting up the ATH before night-fall: medical-surgical tents, triage, barracks, and importantly a latrine.

The convoy of trucked materials was unloaded immediately. It was late in the afternoon; night work was more dangerous and slower.



Latrines can be designed, but critically important is having a shovel and dirt nearby to cover excrement. In our medical deployment, bacterial contamination could cause devastating illness among us and the injured patients, who also had to be treated, watered and fed. We acquired a canvas wrap-around for semi-privacy and a paper sign was hung on the entry post with symbols for male vs female occupants; how thoughtful was the latter gesture.



Fresh potable water was essential during deployment. Upon arrival neither a generator nor water purification was available. It was 4 days before resupply arrived from İncirlik. Water continued to be sanitized with Globeline tablets; only sips of water and occasional toothbrushing were used in order to conserve our minimal volume of potable water. Only a few of our military staff were experienced in remote deployments. On the afternoon of the resupply from İncirlik, we were called alphabetically, officers first, to the field laboratory tent. The lab corpsman was an older experienced sergeant. His wife had been able to sneak a full bottle of American bourbon into one of the supply cases. The lab tech was fully prepared; he had thimble-size paper cups that he first filled with ice shaved from the backside of the portable refrigerator; thereupon he poured one teaspoon of bourbon. Albeit minimal volume- just a taste, it was delicious even for those of us who might have preferred Scotch or Irish whisky. Our lab tech became a “hero”.



Portable Fuel-driven Electrical Generator



Portable Water Purification and Chlorination System;
Required Electrical Generated Power

Mobile Air Transportable USAF Hospital - ATH



Varto ATH Set-Up had a professional team of 113 personnel, consisting of staff from both the Ankara Air Force Hospital and our home team from Detachment 47, Incirlik Air Base.

Barracks were segregated by gender, nurses separated from the doctors and officers separated from the enlisted corps; apparently all were strictly observed. Duties were scheduled every 4-hours, separated by only 4-hours of sleep or rest time. This was tolerated for many days, but was definitely insufficient. During sleep/rest periods, I noted there were many aftershocks from the earthquake. During an aftershock, particularly at night, one immediately became aware of the need to figure out an escape route. The tents were double-lined with a 2nd layer for insulation. That design, while desirable for temperature control, did not make for an easy escape. I had my plan figured, sort of, and then fell soundly asleep.

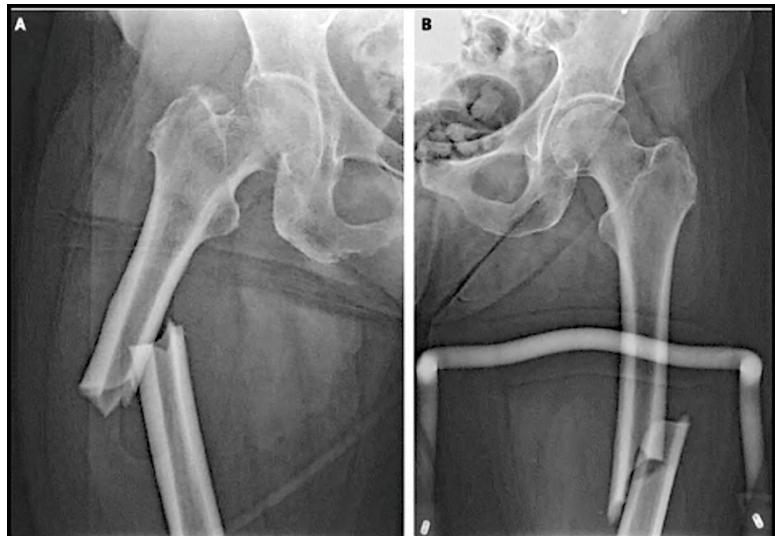
Critical Medical Triage Of The Injured Patients



Triage Tents



First Aid To An Injured Victim; Stabilize The Fracture



Portable Field X-rays Show Fracture and Stabilization Device

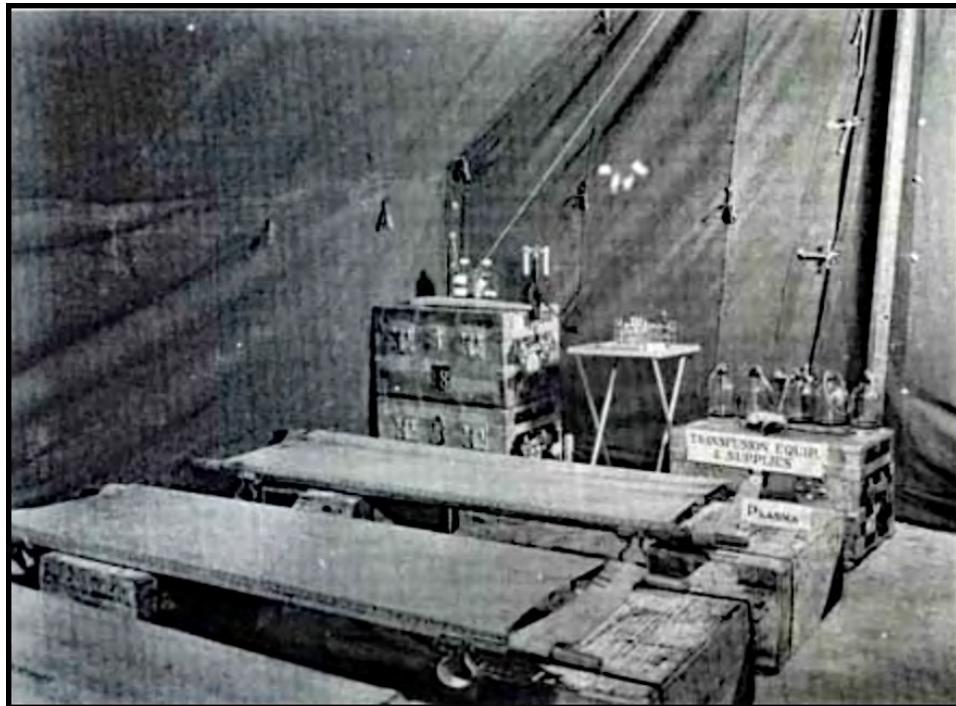


Surgical Field Operations

I witnessed the setting of a humeral fracture in the field surgical tent. Anesthesia was provided by injecting morphine gel from a small tube with an attached pre-prepared intravenous needle assembled for field surgery. The patient not only survived, but was taken by field ambulance truck to the nearest Turkish hospital. Unfortunately, that facility was located very many hours distance from our mobile ATH. Kurds also feared any Turkish intervention; for very good reasons they strongly believed that Turkish authorities would purposefully kill them.

Treatment of casualties was conducted among several tents. A majority of victims suffered more minor wounds that could be treated by washing with soap and water and then dressed simply. Those cases were discharged to their homes; most had no remaining homes, slept outdoors on mattresses or in single Turkish military tents. More complex cases had to be hospitalized in tent-wards. We noted many victims had coarse coughing. We feared tuberculosis contamination; Tuberculosis was endemic in Turkey at the time from infected beef animals and their unpasteurized milk products.

All patients wore an identification ticket about their necks, which included their name, age, gender information. Diagnosis and treatments were recorded. When patients returned for follow-up, this information was critical. Interpreters were essential in the process of conveying the instructions. Upon arrival in Varto, we discovered that the volume of available drugs was insufficient. It was decided to provide only a fraction of the normal antibiotic dose, i.e. a 1/8th cc portion of the drug. We assumed that this isolated population had never received western antibiotics and would be extremely sensitive to antibiotic treatment. They were treated with minimal dosing and all recovered well.

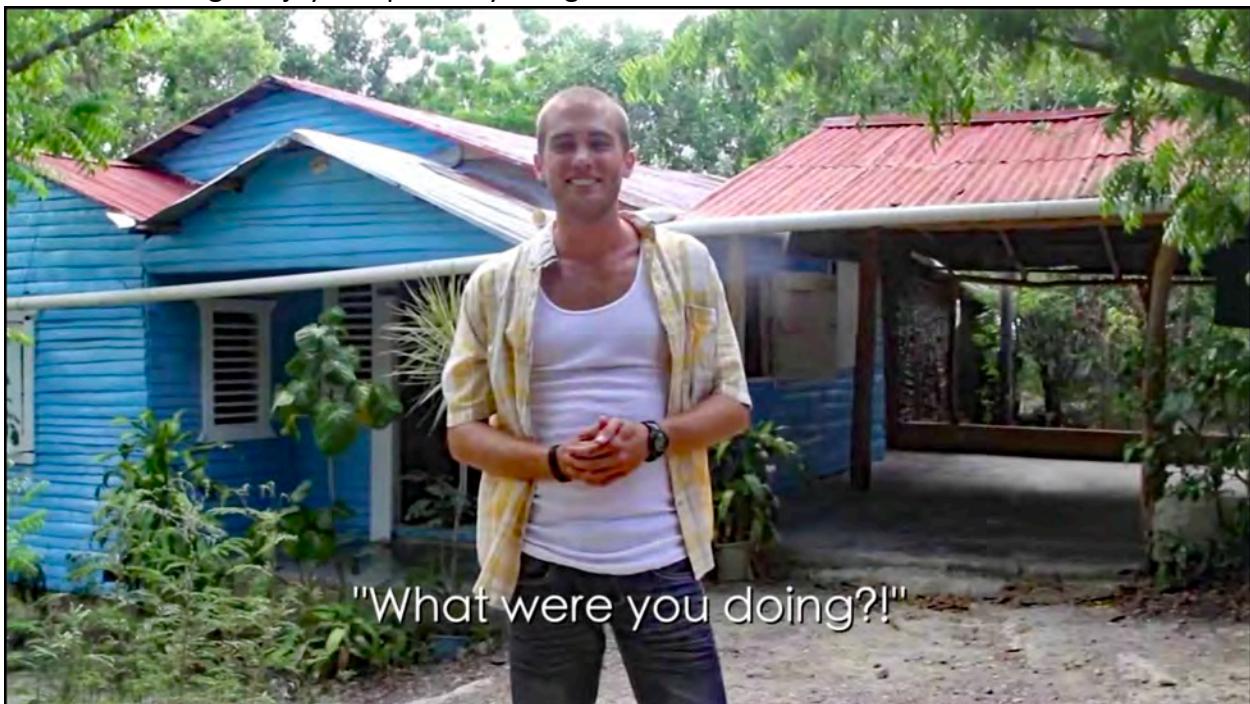


Our interpreters consisted of a newly married couple, who were recently assigned to Varto. They were blond and blue-eyed and new members of the American Peace Corps, assigned to Varto; their ages were about 21. I visited their rudimentary home in the village, which amazingly withstood the earthquake.

The husband was trained to help with basic constructions in the village. There were no modern materials available, which he was trained to use. Instead, he was forced to use the old Kurdish methods. So much for the recommended Peace Corps practices in remote regions. Kurds are just as intelligent as we westerners. They just did not have the essential supplies and had to make do with available and affordable materials.

His newly married very young wife was to provide the best examples of healthy domestication to the older experienced mothers of Varto. I learned that the couple was very recently married in the States; apparently, bravery knows no bounds. The bride's mother regularly mailed toilet paper, peanut butter and personal toiletries. The older moms of Varto did not enter the couple's home, nor greet them or show any interest in their modern methods. The best that could be shared, was a view through the front window of the bride using a long-handled broom when sweeping. There were no discussions regarding sanitary methods of food and water preparation, sewage matters, house infestations, baby care or birth control. It was quite lonely for the couple; they thrived on our need for their interpretation services.

The Couple was given a vacation from Varto and return to İncirlik with our team. Upon our return to İncirlik Airbase 10 days later, my wife, Marlene, and I invited them for dinner, which consisted of a cheeseburger, French fries, and a chocolate fudge ice-cream sundae. The meal was consumed with great joy and probably a degree of home-sickness.





Typical Local Residence for the Peace Corps Couple



Properly Constructed Water Well With Brick-lined Walls

What do Americans do when potable water is scarce? Answer: "They brush their teeth". They do not bathe, shave, or wipe foreheads when sweaty.

On our 5th day of deployment, there was a reprieve from medial duties to care for the injured Kurds. It was commanded that we bathe in the local river; warnings were provided that the water source was frigid mountain run-off and contained hungry leeches. Really??? The women, nurses, were to be separated in their bathing pursuits; they choose our male corpsmen for security in lieu of the doctors – no cameras permitted...

After our 6th or 7th day of deployment, we physicians and nurses were given a couple hours off and asked each of us to take a nurse for a break away from our facilities. I took Nurse, Capt. Betty Tumas. Unaccompanied women were forbidden in Anatolia; women accompanied by their husband, son, or family were acceptable. As military officers, we were not suspect. We decided to walk a couple of miles to town through the open fields of the farm area, first crossing over the bridge that connected the island.

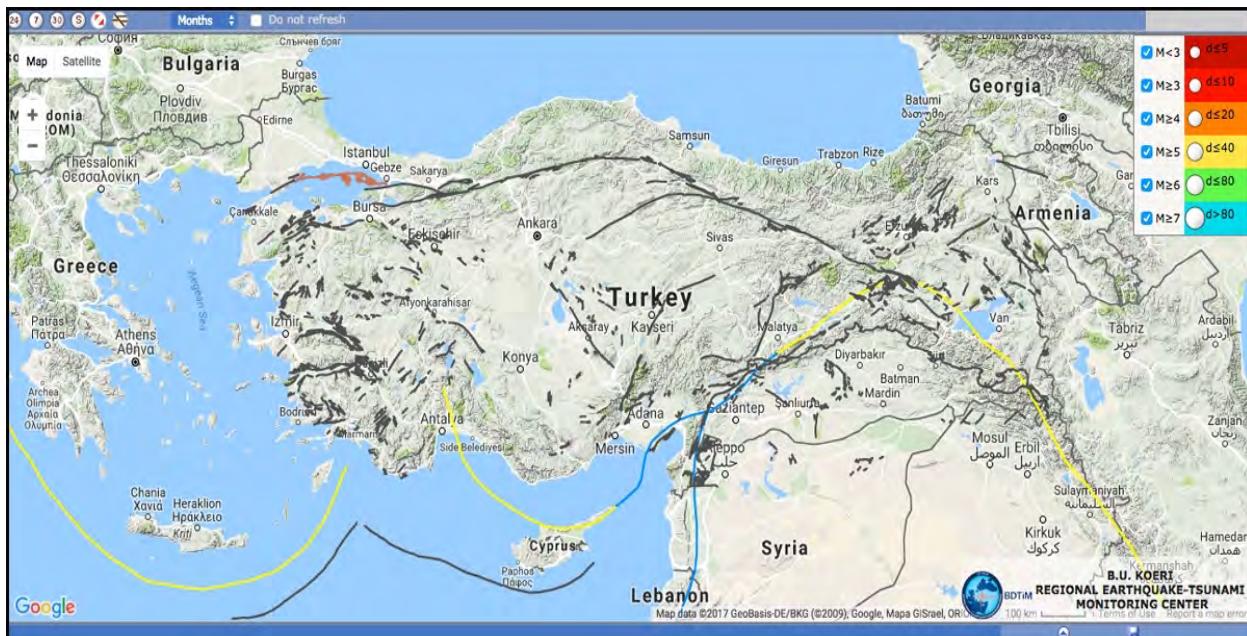


Upon approaching the main road, we came upon a local tea peddler boiling the tea on his unique one-legged kiosk stand. “Evet lutfen, Shker-le”, we said. “Thank you and with sugar, please.”

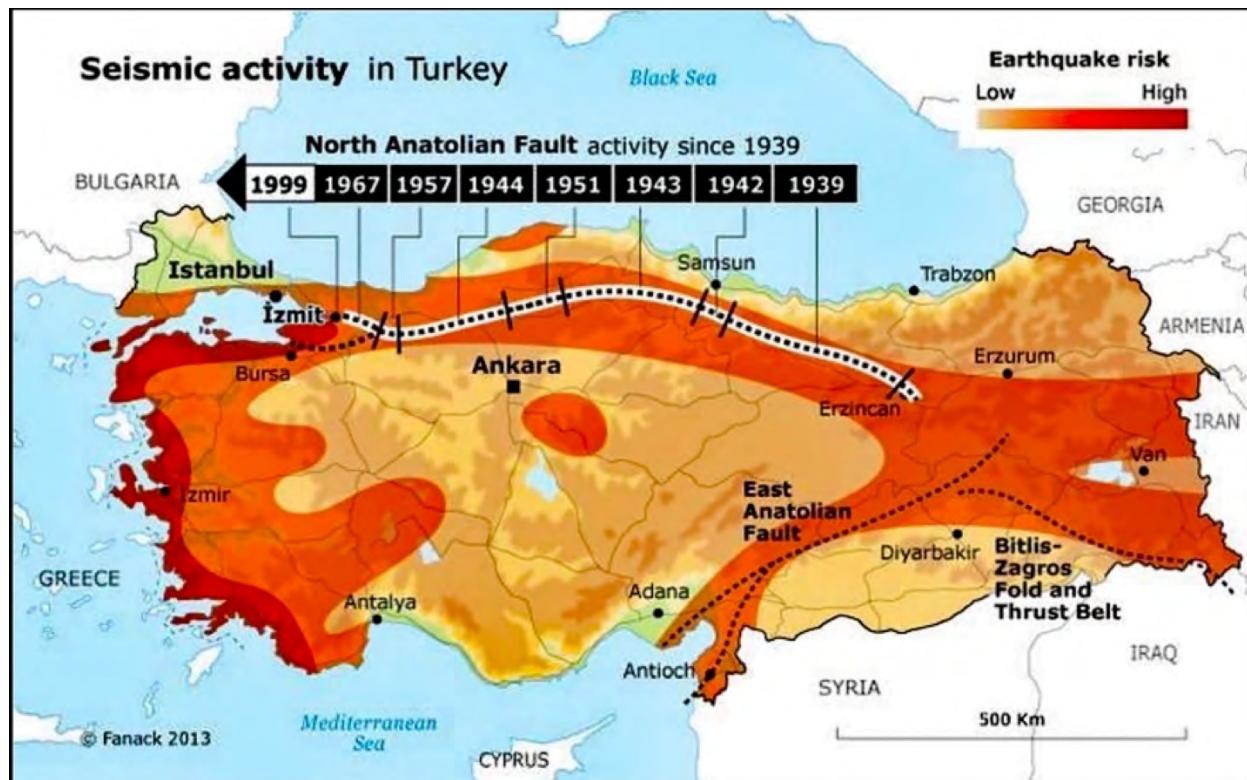


Apparently, word already had spread about the arrival of the American doctor and nurse. The farmer, who owned the land we used for the military ATH set-up, arrived running at full pace. He wanted to personally escort us through their ruined town. On the walk, we observed totally annihilated properties; there were no structures spared from the quake. Critically important was the fact that none of the structures had any re-enforcements. Most of them were constructed with roofs made from felled trees that were laid upon mud brick or stone walls; they were incredibly vulnerable structures.

Gallery



Map of Fault-Lines



Map of Historical Earthquakes



Map of Anatolian Towns That I Visited





Anatolian Landscape



River Of Mountainous Run-Off



Lush Varto Valley



Volcanic Landscape



Imagine Bathing In This Frigid River?



Minimally Improved Roads



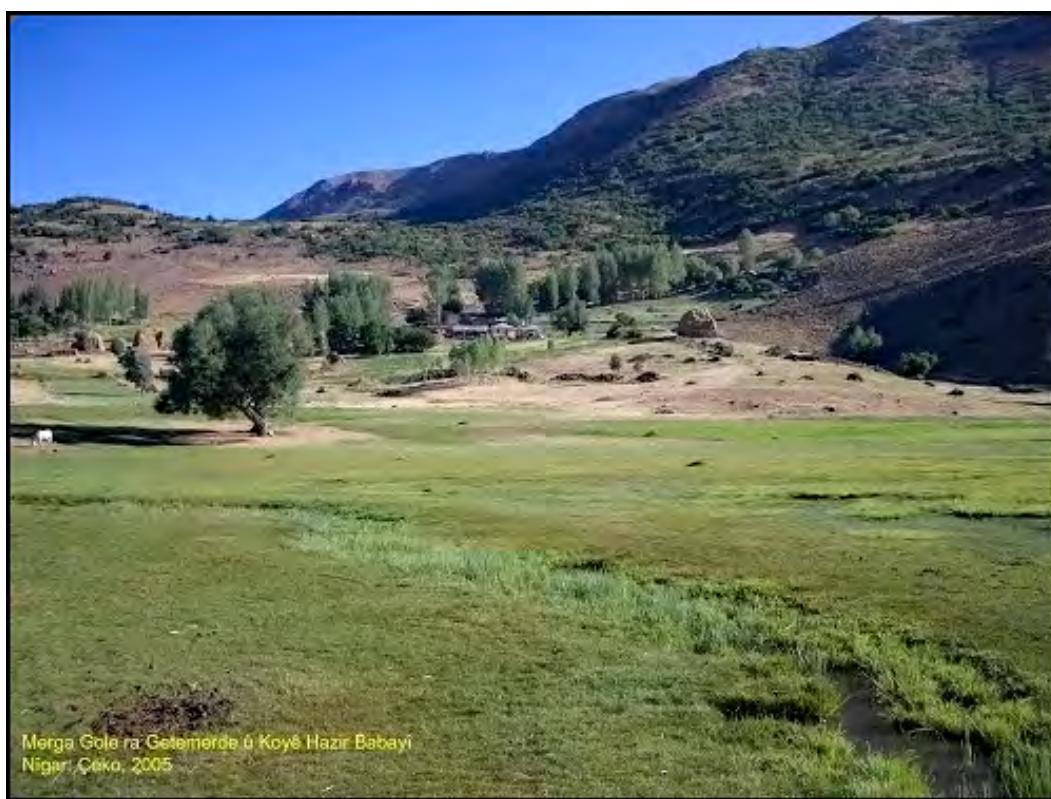
Road Disrupted From Earthquake



Varto Community



Our ATH Was Set-Up On This Island



Varto Landscape



Downtown Varto



Not So Sturdily Built Business Construction



Bonê İbrahimê Kekî
Nîgar: Çeko, 2005

Unsupported Roof and Home Construction



Disastrous Consequence of the Varto Earthquake



Wealthy Kurdish Couple



Uncovering Family Members Lost In the Earthquake



Varto Victim



Men Gathered To Discuss Situation of Varto



Women Gathered To Discuss Family Safety and Injuries



Storks Are Revered, Not Slaughtered For Food



Sheep Are Raised for Essential Wool, Meat and Milk Products



Men Performing Traditional Ceremonial Folk Dances



Varto – No Homes Remained Intact



S Varto Population Feared Sleeping Inside Homes
Women and their Children Gathered Outside For Safety



www.alamy.com - E0XF9E

Men Were Equally Anxious



Father Protects His Baby – Whereabouts of the Mother is in Question



a alamy stock photo

E0XF9R
www.alamy.com

Everyone Participated In the Earthquake Recovery

Perhaps there was an ulterior motive was for us to examine the farmer's injured mother, who was safely installed in a Turkish military tent outside on the lawn before her farmhouse. Her foot was bandaged exactly as it was at our facility. We unwrapped the gauze bandage whereupon tea leaves fell out from the dressing. Her ankle was minimally bruised and swollen, but no longer painful. We re-dressed the ankle and reassured her, while replacing the tea leaves properly; no sense in disturbing the local practices of the "healers" of Varto.

We were then escorted to the agricultural field adjacent to their home. The farmer's young daughter brought a large carpet, which she placed beneath a huge shade tree. Before us we observed the enormous acreage of blooming sunflower plants that stood 6-8 feet displaying huge seeded blossoms measuring 18-inches in diameter. The sunflowers were opened to present us with never handled fresh seeds. They were enormous and delicious. His daughter also served fresh hot tea. It was a banquet that was particularly poignant in the midst of the recent earthquake disaster. This farmer and his family indeed had great intelligence, social sensitivity and gratitude for our American participation in the town's recovery.



Turkish Casualties Received Army Tents To Sleep Outdoors

Nurse Tumas and I returned to our hospital encampment. Approaching the river, we noted a scene of agitated Turkish military troops gathered about one of our tent enclosures. We ran, suspecting that an awful situation must have just occurred. Apparently, a Turkish Oskar (soldier) was inadvertently hit by a truck. His collapsed body was placed in the nearby American hospital tent.

I spotted my office corpsman, whom I immediately enlisted to help. With a just found scalpel, I performed a cut-down on the victim's leg, which permitted rapid installation of intravenous saline; the bag was held up to increase gravity-flow. My corpsman had never witnessed such a procedure.

Our surgical team was divided: one physician had just intubated the trachea to establish an open airway; the victim was forcibly ventilated. A second doctor was installing another intravenous saline line in the patient's arm. The third doctor attempted to examine heart, lung and abdomen. A large bruise was noted on the victim's upper left abdominal area; we correctly suspected that the injury had ruptured his spleen; most likely the patient hemorrhaged into his abdomen. When the soldier was finally declared dead, we noted that the top brass, Turkish General Commanders, were standing adjacent to the corpse, witnessing this feat; most likely, this was the most advance attempt at resuscitation they had ever observed. Indeed, Turkish news media soon published stories about the American's heroic attempts to save a Turkish soldier's life.

Capt. Barry Grunland, MD – team psychiatrist, made fresh chicken stew by purchasing several slaughtered chickens from the farmer/owner of the land that we utilized. He gathered cans of chicken and tins of vegetables with sauces from our rations; he cooked the “mess” over an open fire. He must have borrowed the skillet from the farmer’s wife. Barry was exceptionally creative; he became another staff “Hero” – BRAVO, Barry!!!



Special Cases

One day I received an urgent message from Capt. Mike Gurvey, MD, who manned the triage facility. The message was delivered by his corpsman. He needed a physician witness to verify the examination of a young teenage girl. Apparently since daybreak, she had walked from a distant village to our facility in Varto. Her husband, who rode their donkey and led the group. The girl was probably late teens, about 18. She writhed in pain; Dr. Gurvey had to examine her through her many layers of clothes. Women were not to be “touched” particularly exposing the naked body. All of their conversations had to be double-translated from Kurdish to Turkish and then into English. It was a time-consuming and difficult process.

Mike Gurvey was unable to define the source of the patient’s pain. He was most afraid she might perish from a ruptured viscus. As well, he considered the diagnosis of a ruptured ectopic pregnancy. The family and attendants surrounding the patient steadfastly refused to permit him to unclothe the girl for the best means for his medical assessment. He knew he needed to perform an additional internal vaginal/rectal examination, which under even those circumstances was completely out of order. I witnessed the examination as the best means of preventing Dr. Gurvey from being accused of rape or creating any International incident for the weary public or Middle Eastern media. He pursued examining her abdomen and pelvic area. He exclaimed loudly, “Oh My God; she’s delivering a baby and head is ‘crowning’ from the vagina”. The friends, who attended her journey to Varto, were in actuality mid-wives. The family wanted the new baby to be delivered in the American Hostani (hospital).

All the nurses accompanied the *mother-to-be* to an isolated tent. No men were permitted; even the husband was excluded. Afterwards, our nurses reported the events. One of the midwives pushed the uterine fundus from above, while another midwife pulled vigorously to spread the labia below. Et voilà, a shrieking boy emerged. The afterbirth delivery was accompanied by much ceremony including placing the fresh cord in the mother’s mouth for her to bite upon.

Our male doctors and corpsmen were then admitted to the tent where the midwives showed off the infant’s male genitals; males are extremely important in the Kurdish culture. In the meantime, the exhausted young mother leaned on a tent-pole, looking quite pale, but not showing any bloodied cloths or clothes from her delivery. The midwives were quite experienced.

The infant was placed under the mother’s blouse to nurse and the team proceeded home walking the many miles they had endured in their arrival. Of course, the husband/father rode his donkey to lead the way. He had total authority, but nary to say, little empathy for his exhausted wife.



On another day at our encampment, I was called to the triage tent to examine a very old man, who was writhing in pain. I observed his hugely swollen abdomen; it was larger than a big watermelon. His son gestured that the roof of their abode (of felled tree trunks) struck the old man's lower back. Indeed, I was easily able to diagnosis that this victim had become paraplegic. I assumed the aged victim had a paralyzed bladder sphincter; additionally, due to his advanced age, he probably had a very enlarged obstructed prostate gland. Through interpreters, I was able to explain that I needed to catheterize the man. "To mam" (okay), said the son, were upon about

3,000 cc of urine gushed into our pan. There was an immediate sigh of great relief from the old man.

Upon relief, I next had to discuss discharge management of this terribly injured man. Certainly, our standard of care required hospitalization. Surgical remedies were quite complicated. "No Way", said the son, "They would never go to a Turkish facility, because the Turks kill people like us Kurds". I did understand and empathize with the cultural antagonism of Turks toward Kurds. So, I explained that he had to return home with his injured father; but he must also leave the catheter in-place. Kurdish farmers have sheep who have chronic urinary stones; the farmers were used to catheterizing their sheep. I explained that his father would develop fever and pain within 7-10 days, but he should not remove the catheter. In the end, this terrible injury would become fatal. With that explanation, the son bent to the floor and kissed both of my feet! Many years later, I later learned from a colleague, the reason for the son kissing my feet. In their cultural traditions and experience, the only individual capable of accurately predicting the future was their God! The enormous respect for my American medical training was "Godly", so he bent to kiss my feet.



As a reminder of the very fragile landscape of Anatolia, I wish to relate a final story about our experiences. On our 10th day of deployment, we were ordered to evacuate the facilities in Varto. A team of enlisted men packed up our equipment and materials. The medical team preceded in a convoy of Turkish busses. We became aware of the dangerous and very narrow roads to Erzurum, which were pockmarked with ditches and large landslides from the earthquake and aftershocks. Our Turkish drivers were fearless and sped much too rapidly along the dirt roadways despite many mountainous hills and blind-curved areas. As you may have already guessed, we met an on-coming open truck carrying field workers. Our driver swerved immediately toward the safer hillside. To avoid collision, the on-coming truck driver swerved to the outer lane, which was closest to the ditch and down slope toward the adjacent river. When he broke hard, we all watched as the farm workers being pitched out of the open truck, tumbling down the slope. "All Hands On Deck", as the saying goes. We emerged from our bus unharmed, each of us taking after one worker felled by the crash. My victim sustained a compound fracture of his clavicle. Someone had gauze bandage rolls, so I was able to place a figure-of-eight splint around his shoulders, back and chest. Our chief-surgeon took our reports of the injuries with relief. As far as I knew, nobody died. My patient was young, perhaps mid-twenties, so he likely survived to be carted to a hospital for treatment and closure of the wound where the clavicle protruded. This was an exceptional experience. I don't remember if our bus driver slowed down before we reached our destination, Erzurum.



Figure of Eight Bandage



www/ayancuk.com

Plowing



Modern Tractors Were Available



Vital Crops Of Beans and Squash

Post Script

A detailed and illustrated summary of my experiences during the U.S. Airforce medical airlift to Varto after their devastating earthquake, 1966, has been presented. The experience that unfolded was somewhat stressful because of the unexpected developments. On the other hand, I was part of a very professional medical unit comprised of 113 members, which included 12 surgeons and medically-trained physicians, 2 flight surgeons, 12 nurses, and the rest of the team composed of medical corpsmen, radiology and laboratory technicians, and other assorted administrative and able-bodied folks. The teams were merged from both the Incirlik USAF Dispensary, where I served, and from the USAF hospital staff in Ankara.

Even after 53 years since my Air Force experiences in Varto, I still get a “chill down my spine” when I relate the story and view the images downloaded from the Internet.

This was a remarkable story of my experiences in eastern Anatolia. Our deployment was to the Kurdish region located in Northeast Turkey, within the shadow of Mt. Ararat adjacent to the Armenian border. Armenia was under the suzerainty of the Soviet Union.



From Wikipedia: The modern concept of United Armenia as claimed by the [Armenian Revolutionary Federation](#). Orange: areas overwhelmingly populated by Armenians (Republic of Armenia: 98% and Nagorno-Karabakh).



From Wikipedia: "Mount Ararat, today located in Turkey, as seen from Armenia's capital Yerevan. It symbolizes Western Armenia in Armenian public mind."

United Armenia (classical Armenian: known as **Greater Armenia** or **Great Armenia**, is an Armenian ethno-nationalist irredentist concept referring to areas within the traditional Armenian homeland—the Armenian Highland—which are currently or have historically been mostly populated by Armenians. The idea of what Armenians see as unification of their historical lands was prevalent throughout the 20th century and has been advocated by individuals, various organizations and institutions, including the nationalist parties Armenian Revolutionary Federation (ARF or Dashnaksutyun) and Heritage, the ASALA and others.

The ARF idea of "United Armenia" incorporates claims to Western Armenia (eastern Turkey) Nagorno-Karabakh (Artsakh), the landlocked exclave Nakhichevan of Azerbaijan and the Javakheti (Javakhk) region of Georgia.^{[1][2]} Nagorno-Karabakh and Javakhk are overwhelmingly inhabited by Armenians. Western Armenia and Nakhichevan had significant Armenian populations in the early 20th century, but no longer do. The Armenian population of eastern Turkey was almost completely exterminated during the genocide of 1915, when the millennia-long Armenian presence in the area largely ended and Armenian cultural heritage was mainly destroyed by the Turkish government.^{[9][10]} In 1919 the ARF-dominated government of the First Republic of Armenia declared the formal unification of Armenian lands. The ARF bases its claims to Turkey on the 1920 Treaty of Sèvres, which was effectively negated by subsequent

historical events. The territorial claims to Turkey are often seen as the ultimate goal of the recognition of the Armenian Genocide and the hypothetical reparations of the genocide.

The most recent Armenian irredentist movement, the Karabakh movement that began in 1988, sought to unify Nagorno-Karabakh with then-Soviet Armenia. As a result of the subsequent war with Azerbaijan, the Armenian forces have established effective control over most of Nagorno-Karabakh and the surrounding districts, thus succeeding in de facto unification of Armenia and Karabakh.^{[13][14]} Some Armenian nationalists consider Nagorno-Karabakh "the first stage of a United Armenia."

The "mountains of Ararat" have been widely accepted in Christianity as the resting place of Noah's Ark, despite contention that Genesis 8:4 does not refer specifically to Mt. Ararat. It is the principal national symbol of Armenia and has been considered a sacred mountain by Armenians. It is featured prominently in Armenian literature and art and is an icon for Armenian irredentism. It is depicted on the coat of arms of Armenia along with Noah's Ark."

Chicago Tribune Correspondent
Gwen Morgan, London Tribune Foreign Office

The Chicago Tribune news article By Gwen Morgan was printed on August 28, 1966. By that time, the whole world was aware and watched sympathetically as the Kurdish casualties mounted. Today in the digital age with easily available mass media, news alerts have become instantaneous. In the 1960s, news took longer to be verified and announced.

Gwen Morgan, was a foreign correspondent from Chicago Tribune's London Bureau. She was selected to bring the story of the Varto catastrophe to fruition. She appeared at our Mobile USF Hospital in Varto about the 4th day of our deployment, about August 22nd. It required a very long trip with many connections from London and back to her desk. She flew to Frankfort, Germany, transferred to a flight to Istanbul and a final leg (or 2-3) to Diyarbakir, Turkey, which was the last location of the most available safe airport in Anatolia. The remainder of her journey was identical to mine, which was via surface roads from Diyarbakir to Mus and finally to Varto. The journey required a few days' time; she was quite exhausted from sleep deprivation.

Email was not yet invented. Gwen Morgan's task was performed the "old way" – by hand carried notes. Despite her unquestionable professional credentials, it was also an exceptional task for an unaccompanied woman to travel in Kurdish territory, in one of the most remote regions of Anatolia, Turkey or for that matter anywhere else in the remote Middle East. Gwen Morgan was a sturdy gal. I did question her about the details of her travel, which she confirmed was exhausting. The detailed publication inserted below attests to her diligent investigation of the Varto' tragedy. We spent much of the day discussing as many aspects of our military assistance as I could summarize or show to her.



Turkish Quake Victims Pour Into U.S. Hospital

Injured Passive, Grateful for Help Given

Gwen Morgan of THE TRIBUNE'S London bureau has been sent to eastern Turkey to report on earthquakes which brought destruction and the death of 2,300 persons 10 days ago. This is the second of a series of graphic accounts which she is preparing.

By GENE MORGAN
(Chicago Tribune Press Service)

VARTO, Turkey, Aug. 20.—Sole and grateful — those are the words American doctors and nurses use to describe the 1,200 Turkish villagers who have come to an emergency field hospital set up here by the United States air force to help earthquake victims.

After 10 days people still come. On a stretcher on the ground under the green canvas tent a woman sat holding out a leg with a deep, dirty 8-inch gash. Her brother sat on one side, her husband on the other. She raised her skirt barely high enough to expose the wound. She clamped her mouth tighter as Airman Arthur Grimes Jr. of La Porte, Ind., washed antiseptic thru the wound.

Child Has Broken Leg

A child lay on another cot with a badly fractured leg. It had been set crudely in her

village. Now she would be taken by truck to a Turkish hospital for it to be reset. Lois Rockhill, an Illinois peace corps girl, soothed her and, in Turkish, told her not to worry.

A mother was so grateful that her elder son, hurt in the quake, will recover that she offered her younger and uninjured son as a husband to the chief nurse, Maj. Crystal Epperson, of Tulsa. Others offered the more usual gifts — sheep, cows, chickens, and eggs. One man brought just one chicken and explained he was sorry the gift was so small, but that it was the only chicken he had.

No! All Quake Victims

Four men walked in with a badly injured woman. They had carried her for six hours on a stretcher fashioned from boughs and wool. The villagers had tried to ease her agony by binding her fractured limbs.

Not all patients are earthquake victims. One was a leper. Word spread quickly that an American hospital had been set up.

A pregnant woman walked in carrying a small child. Her mother and the village midwife came with her. Forty-five minutes later the baby was born. Grandmother and midwife officiated, using their own methods altho they did accept a hospital knife to cut the umbilical cord. Normally they would have used a stone. Before the day was out, the party left for home, the mother carrying the new child while the grandmother played up to the elder, already showing signs of jealousy.

Only two of the 1,200 patients died. One was a girl, 5, the only member of her family to live thru the quake.

Based at Adana

The hospital, normally based at Adana in southeastern Turkey, first set up at Mus. Because two Turkish hospitals already were at work there, the Americans came on to Varto in the heart of the quake area where 2,300 persons died in 90 villages. The principal job has been to give initial treatment and send on to the Turkish hospitals persons who need long treatment.

The doctors have devised new kinds of treatment. Dr. Raymond H. Dunn, of La Grange, a dental surgeon, used bandages rather than wire to hold repaired jaws in place because further treatment would be unavailable. His wife, Suzanne, is the daughter of Mr. and Mrs. John Stephens of Arlington Heights, Ill.

The peace corps girl and her husband, Ervin Rockhill, of Racine, Wis., who joined the corps six days after marriage on graduation from Anderson college, have been working Turkey a year. They came from their village, Teykot, to help at the hospital. Maj. Epperson said they have been invaluable as interpreters, learning about aches and pains, passing on instructions from

doctors and nurses and, all the while, soothing and comforting, dispelling fears.

Initial Job Is Over

The initial relief job is over and 69 of the 130 Americans left yesterday by truck for Ezurum, the nearest airfield, to return to Adana, or to Diyarbakir, a town with ancient basalt walls where the American headquarters in Turkey known as Tuslog, is located.

The Turkish regional army commander, Gen. Fask Turun, came to the hospital to thank its commanders, Lt. Col. John Sleeper Jr., of Waco, Tex., and Dr. Grady Breece, of San Antonio. Fifteen hundred Turkish troops have set up a camp near the hospital to help.

"It's been quite an experience," said Dr. Michael S. Gur-

vey, of Chicago, whose wife, Elaine, is from Hobart, Ind.

Dr. Robert Sherin of Los Angeles, a specialist in water supplies and hygiene, said he had noted no signs of epidemic. He has kept close watch over the hospital's 3,000-gallon water tank. The water, so heavy with chlorine that it has an odor, flows coolly from the canvas litter bags strung on ropes. Dr. Sherin's wife, Marlene, is a granddaughter of Sophia Berger, of Chicago Heights.

Asks to Go to Varto

One nurse, Capt. Theresa Chenoweth, of Fowler, Ind., had been scheduled to return home last week on completion of her assignment in Turkey, but asked to come to Varto with the hospital team. The quake provided the team with its first

practical experience in large scale emergency care.

She said there had been several small quakes. The slight, they awoke patients during the night. Nurses went thru the tents relieving patients' fears of being trapped again under the stones, timbers, and earth vibrators used in making the snug, but perilous houses.

The Turkish general said the big need now is for housing. Ten thousand families are sheltered in tents or makeshift lean-to. In two weeks, autumn rains are due and in another month the first snow may come.

The general is trying to provide temporary barracks for all of the homeless before winter sets in. Here, more than a mile above sea, winters can be fierce.